

How do headaches impact your life?

Survey Results



1. How many headache attacks per month do you experience?

Less than one		10	1%
1-3		104	15%
4-6		129	18%
7-9		108	15%
10 or more		360	51%
Total		711	100%

2. In the past year, how many family activities have you missed because of your headaches?

None		132	19%
1-3		218	31%
4-6		157	22%
7-9		60	8%
10 or more		142	20%
Total		709	100%

3. Which activities have you missed because of headache? Check all that apply.

Birthday parties		297	49%
Weddings		77	13%
Graduations		38	6%
Vacations		173	29%
Anniversaries		73	12%
Children's school programs		162	27%
Children's sporting events		143	24%
Holiday celebrations		317	52%
Religious events		198	33%
Other, Please Specify		233	39%

4. Is your family understanding of your headaches when missing family functions?



Yes		566	83%
		119	17%

No			
		Total	685 100%

5. Have you ever missed a hobby/activity because of a headache attack?

Yes		647	92%
No		53	8%
		Total	700 100%

6. When you wake up with a headache, do you stay home or continue on with daily activities?

Stay-home		202	29%
Continue on with daily activities		502	71%
		Total	704 100%



7. Have you ever been unable to complete your work or school day as a result of a headache?

Yes		632	90%
No		72	10%
		Total	704 100%






8. Are your boss and/or co-workers understanding of your headaches attacks when you miss work?

Yes		402	59%
No		276	41%
		Total	678 100%

9. Do you feel that your headache condition has affected you in missing out on career advancement opportunities?

Yes		323	46%
No		372	54%
		Total	695 100%

10. How do you treat or prevent your headache attacks? Check all that apply.

Alternative therapies		173	24%
Over-the-counter medications		455	64%
Prescription medications		492	69%
Relaxation Techniques		289	41%
Nothing		59	8%
Other, Please Specify		139	20%

11. What type of headache do you experience most frequently?

Migraine		320	45%
Tension-type headache		64	9%
Chronic daily headache		131	18%
Cluster headache		22	3%
Sinus headache		26	4%
Allergy headache		1	0%
Not sure		101	14%
Other, Please Specify		46	6%
Total		711	100%

12. How long have you experienced headaches?

1-5 years		207	29%
6-10 years		125	18%
11-15 years		105	15%
16-20 years		75	11%
More than 20 years		190	27%
Total		702	100%

13. Tell us about yourself by checking the appropriate boxes, select all that apply:

Male		100	14%
Female		545	77%
Under 20		37	5%
Age 20 - 35		311	44%
Age 36 - 50		245	35%
Over 50		89	13%

14. At what age did you first experience headache?

Less than 10 years old		134	19%
10-15 years old		208	29%
16-20 years old		142	20%
21-30 years old		126	18%
31-40 years old		52	7%
After age 40		52	7%

15. Are you a member of the National Headache Foundation?










Yes		57	8%
No		640	92%

Total

697

100%

16. How did you learn about National Headache Foundation?

Physician		57	8%
Friend		23	3%
Employer/manager		6	1%
Internet		489	69%
Newspaper		6	1%
Magazine		25	4%
TV		7	1%
Radio		16	2%
Other, Please Specify		75	11%
Total		704	100%

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